

1.) CORPORATION NAME:

**Raytheon UTD Inc.**

DUE DATE: **8/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

SCC ID NO: **01775261**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	10,000
COMBNV	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8350 ALBAN RD STE 700

CITY/ST/ZIP: SPRINGFIELD, VA 22150-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	MICHAEL W MUTEK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/S/GC		
ADDRESS:	1200 SOUTH JUPITER RD		
CITY/ST/ZIP/CO:	GARLAND, TX 75042-		
NAME:	NANCY GREER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CFO/VP		
ADDRESS:	1200 SOUTH JUPITER RD		
CITY/ST/ZIP/CO:	GARLAND, TX 75042-		
NAME:	MICHAEL A BRENNAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	22270 PACIFIC BLVD		
CITY/ST/ZIP/CO:	DULLES, VA 20166-		
NAME:	MICHAEL W LAROUCHE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN/CEO		
ADDRESS:	22270 PACIFIC BLVD		
CITY/ST/ZIP/CO:	DULLES, VA 20166-		
NAME:	JOHN A WOODWARD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	8350 ALBAN RD		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22150-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH J CASTELLINO DIRECTOR 1200 SOUTH JUPITER RD GARLAND, TX 75042-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK W MARCH VP - TAXES 870 WINTER STREET WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT J MOORE VICE PRESIDENT 870 WINTER STREET WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD A GOGLIA VP/AT 870 WINTER STREET WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BROOKE M BARTLESON ASST SECRETARY 870 WINTER STREET WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT J STRAUSS ASST SECRETARY 300 NORTH SCIENCE PARK RD STATE COLLEGE, PA 16803-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN J IGLOWSKI ASST TREASURER 870 WINTER STREET WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ BROOKE M BARTLESON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BROOKE M BARTLESON, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	8/30/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			